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Nursing Education in Western Canada

By ETHEL INCLETON JOHNS

Secretary Canadian National Association of Trained Nurses

An address given before the Annual Convention of the Alberta Association of Graduate Nurses

Before I enter upon this evening's topic, may I deliver a message to you from your sisters in Manitoba? We feel that we have a great deal in common with you, that we realize most keenly the serious problems with which you are confronted in this vast and rapidly-developing country, and we are touched and honored that you should write one of us to meet with you in council to-night. My only regret is that Manitoba could not have had a more worthy representative. In a larger sense, I bring you also the greetings of nurses of Canada through their National Association, of which I have the honor to be Secretary. As I stand here to-night, therefore, I will ask you to deal gently with me, thinking, rather, of whom I represent than of what I am, and pardoning the many infelicities of expression and delivery which will be only too apparent as I proceed with my address, and remembering only the spirit of comradeship which prompts it. May we of Manitoba congratulate you on the progress you have undertaken.

MEDICAL FACULTY. FACULTY GRANT

To me, the point of my being here to-night is the evidence thereby shown that Alberta feels that on this, the occasion of state recognition of nursing educational standards, she desired to hold out a friendly hand to her sister province and to Canadian nurses at large. I am jealous that that impulse came to Alberta first; I wish we had thought of it in Manitoba. But in Manitoba, as elsewhere, we are not yet nationally conscious in nursing matters, although there is a certain something in the air which makes me hope we may become so, and that something is an awakening interest in nursing education. If anything can weld us into an organized articulate group, I am convinced it will be this common interest; and the necessity for establishing educational standards throughout Canada will force us into closer association than formerly, whether we will or no. The coming generation of nurses is hammering at our doors. They demand better things — a broader horizon — than we had in our day, and it is our duty to see that they get them.

In choosing "Nursing Education in Western Canada" as my topic, I do not propose to limit myself entirely to the Western phase of the problem, for that is not possible. We cannot so narrow down our question. What you do here matters vitally to us in Manitoba; yes, and to Nova Scotia and Prince Edward Island, too. At the recent convention in Toronto it came home to we Western members, and to the Easterners as well, that—to paraphrase Kipling—there is no East and there is no West, though we come from the ends of the earth, in nursing matters. Nursing is not a thing of provinces, it is not even a thing of nations; it is as broad as civilization and as deep as human need.

But that is not to say that all our problems in different parts of the country can be approached, or solved, in the same way; far from it. But there should be far greater co-operation than at present between the provinces, especially along educational lines. Particularly is this true of the three Prairie provinces.

It will be my task to-night to ask you to compare conditions here with those in Manitoba, and to see whether there is ground for mutual co-operation and understanding.

Present conditions in training schools are, I take it, not unlike in the three Prairie provinces. That is to say, we find in the large cities a few well-equipped, modern hospitals, offering training which is adequate and thorough. We find also in the towns smaller hospitals—from twenty-five to fifty beds—also offering training quite as thorough, perhaps, but not as broad. Their scope naturally is not so great, nor the experience offered so wide, as in the first-mentioned class; but, nevertheless, these schools frequently produce capable, intelligent, useful nurses. Finally, there are in Manitoba at least a group of still smaller schools, which should not exist, attached to hospitals of fewer than ten beds. These, too, offer training of a sort to a necessarily limited group of pupils. It seems an almost hopeless task to evolve any definite standard of education when the institutions offering training are so

widely different in character and scope. It is as though we attempted to give an arts course in a little red school-house; and yet, in its way, is not the red school-house as valuable to the community as the great university? Is it not conceivably the gateway to the university? So should it be with our red school-house training schools: they should open the gateway to a broader and better training. It does not seem impossible to me that the students from our small hospitals should enter our large and well-equipped schools for a part, at least, of their three-year course; neither does it seem impossible that a certain definite amount of teaching should be undertaken by the small school, which will prepare its students adequately for more advanced work. I will go further and say that it is definitely the duty of the large school to accept this responsibility to the affiliated school and to meet it squarely. But, before any scheme of this kind can be worked out, we must create machinery with which to work it. In other words, nursing education must be very definitely State-controlled. I will even be bold enough to say that the State must even spend some money to do this—say, perhaps, as much as is now spent in the problem of safeguarding the life and well-being of the hog within our borders. I have never been able to discover why nursing should be considered an outcast Cinderella in educational circles. I do not believe it is an outcast, really. It is simply that we have withdrawn ourselves from the common herd, and have been inclined to feel that no one must lay sacrilegious hands on our methods, because, in some mysterious way, "nursing is different." I fancy that, in educational matters, we are not so different as we think we are, and that our splendid isolation has lost us much of the help and inspiration we might have had from men and women engaged in other branches of educational work. It is not strange that we should stress this difference, when we consider our own history and examine our own beginning. In one sense, nursing is one of the oldest professions in the world. The first mother was the first nurse; but nursing as the function of a woman, not a mother, is more recent. In the Greek and Roman civilizations nursing was done by the better class of slaves; and it was not until the early Christian Church developed the spirit of devotion in women of education and refinement, to the point of prompting them to care for the sick and afflicted, that we find them withdrawing themselves from the world and giving up their lives to the care of the sick. In the middle ages all nursing worthy of the name was done by nuns, except that done by men in the military nursing orders. It was then in the spirit of devotion, and as life offered up, that the forerunners of nursing went about their tasks. In noble sense we may claim to be different. We have in our veins, as it were, the tradition of the Church, of the Army, and, let us not forget, of the slave also. No wonder we hold ourselves apart and say we are different. But in the last fifty years there came among us a torch-bearer who showed us yet another ideal to add to those of devotion and self-sacrifice, that of *scientific training* for our high task. Florence Night-

ingale did not think we were so different that we could afford to ignore other sources of knowledge than those open to us in the wards of the hospital. She felt that sound teaching in a training school was not greatly different from sound teaching in a university. It was she who prompted the impulse which makes us turn for help to the university and the school. She felt that it was not defensible that the training school should be utterly dependent upon the hospital, and its pupils utterly subservient to the needs of the hospital; and she never felt that it was right and proper that any group of people should gather a number of sick people under a roof, call that place a hospital, and found therein a training school for nurses, subject to no laws, no inspection, no instructions of any kind.

The machinery that we need to unify and control nursing education in this province, or any other, is a Board of Licensure of Training Schools, which would determine whether or no a training school should exist, under what conditions the pupils in that school should live and work, and, above all, outline clearly and unmistakably the nature and amount of instruction to be afforded. Until we have some such licensure established, the present chaotic conditions will persist. It is no use trying to standardize nursing education by conducting examinations after the pupil has completed her course. The time to standardize is when the pupil enters upon her course, so that it will no longer be possible for young women to enter upon three years of arduous labor, only to find at the end of it that she is not adequately prepared for her life work. Along with such a board of licensure it would be necessary, of course, to establish a system of inspection. I need hardly say that this inspector should be a nurse. Don't listen to the siren voices which suggest a doctor. She should know local conditions. She should have vision and courage, the patience of Job, the wisdom of the serpent and the innocence of the dove. She isn't born yet, but she will be—she always is when the need is great enough. She should be responsible to the board of licensure, which, in turn, is responsible to the Provincial Government. One word about that board, and I say it under my breath: *Keep it out of politics;* get a voluntary group, if you can. You can then command the services of men and women who will be worth while. Have upon it members of the council of your provincial organizations of nurses; a physician or two, *very carefully chosen;* the university should be represented, and the hospitals; and don't forget someone who has a head for finance. Somehow I don't feel as though any of the foregoing would be very strong on the business side of things. I don't know why, but I am doubtful. Licensing and inspection—here is a beginning at establishing standards. But before you can have either you must have legislation. Aye! there's the rub; because you can't have legislation of the kind you want until you have educated public opinion. You may prepare a bill which opens before you dazzling prospects of improved conditions, only to find that same bill emerge from the committee stage a total wreck. I don't know how much your

bill in Alberta suffered from your legislators; but I do know that when we in Manitoba gazed upon the mangled remains of ours, after the brethren had done their worst, we felt that everything was over but sending a few flowers. However, we feel differently now. We realize that a bad bill is better than none; that amendments can be so skilfully formulated that, slowly but surely, the poorly-mangled thing will become a stout and efficient club to swing over the heads of the evil-doers. Only it will take time and patience, and the constant dropping which wears away a stone.

The monotonous toil of preparing the public mind should be the care of our nursing organizations. The public will listen to us if we talk loud enough and long enough; but we must be united among ourselves, we must be prepared to sink petty differences for the common good. We must, in short, educate ourselves. Sometimes I wonder whether public opinion needs as much education as nursing opinion. A little while ago a friend of mine said to me: "You nurses are a disappointing lot. We expect you to lead us in public health lines, but you don't lead—*we push you in front of us.*" It's true, isn't it? We are, like Martha, cumbered with over-much serving; our own particular task for the day crowds out everything else; we can't see the woods for the trees. It helps sometimes to get an outside point of view. Seeing ourselves as others see us may not be pleasant, but it is salutary. One evening, in New York, I happened to be speaking to one of the professors in the School of Philanthropy attached to Columbia University. He did not know my profession; and evidently took me for a student in the School of Social Science, most of whom are nurses. Something brought up the question of nursing. "Queer about these nurses, isn't it?" he said. "Devoted women, noble creatures, many of them, all the virtues, but narrow. Heavens! how narrow! Don't know anything but their work." I was too stunned for speech, and regarded him with a pale smile. "They see life from an extraordinary angle," he went on. "All the terror, all the pathos, all the brutality and the humor—and it means little or nothing to them. They pursue the even tenor of their way; and bring you in your medicine and cup of cocoa, when your universe is crashing about you, just as unconcernedly as though they were automata and not women." I mildly murmured that it was their duty to bring in the medicine and the cocoa, no matter whether the universe was crashing or not. "Yes, yes," he asserted; "quite so. Duty; that's it. But duty ought not to crash out the capacity for independent thinking or imagination. Must be the way they educate them, don't you think? Treadmill methods, no appeal to the higher faculties of the mind, no stimulus to the intellect." At this point I felt I could bear no more, but must confess that I belonged to the despised order myself. He was frankly sorry for me, but not at all abashed. "It's true, and you know it," he said, with a twinkle; at this, I picked up heart of grace and asked him why, in the many philanthropic schemes of New York, so many nurses were employed, if they were so hopeless from an

intellectual point of view. "It is, first, because you can, and do, dissociate your imagination from your work that you are so valuable as workers under direction," he said; "but you do not make good leaders. Your disciplinary education has crushed that out of you. But if you can combine the three, discipline, devotion and leadership, well, then, I'll take back all I've said to-night." So we parted good friends after all. But, thinking the matter over, he is right, isn't he?

Our cherished discipline has made it difficult for us to work together and to develop leadership outside of our hospitals. We do not organize well, or, to use a better phrase, we are not capable of democratic government. We miss the whip of authority. It is the slave coming out in us.

Miss Nutting, in speaking of Canadian nurses, said: "They are a splendid lot of women. We draw upon them constantly for our executive positions. As individuals, they are admirable; but as a group, they are dumb."

I do not agree with Miss Nutting that we are dumb. We are confused voices, asking for we know not what. We have not so far succeeded in formulating and enunciating our policy of education and control in such a manner that we can understand each other, much less educate the public and our governments. Nor are we altogether to blame for this condition. We are geographically so placed that we are not in close touch. We need a link—a human link—to bind us all together, to interpret us to each other. Such a link some day, we hope, the Canadian National Association of Trained Nurses will prove to be. Just such a function should the provincial organization of nurses be. Another way of getting into touch, from the training school point of view, would be to form a provincial chapter of the Canadian Association of Nursing Education. In this way the teaching resources of your province might be brought into closer touch; problems of affiliation could be worked out; a modified standard curriculum for the province might be evolved. Such a chapter should act in an advisory capacity to your provincial organization, and could be a go-between to interpret nursing needs to the educational authorities of the province and to the university.

And now I think some one should ask (and I see the question in your eye): "If you know so much about it, why don't you do it in Manitoba, and show us how?" I am free to confess that question floors me completely, because we haven't done it in Manitoba yet, but we are going to try; and it would help a very great deal if you in Alberta were trying, in something of the same way, to do something of the same thing at the same time.

We have got to the point in Manitoba where we have a bill of sorts. We have gone a little further: we have now sitting a Royal Commission on Public Welfare which, among other things, is ordered to investigate and report upon the present status of training schools in

Manitoba and to suggest ways and means of betterment. Just how much concrete result there will be from this enquiry, it remains to be seen; but, at least, the question is raised.

The idea of training schools as entities in themselves, apart from the hospital they serve as educational institutions comparable to our secondary and technical schools, has entered the minds of our public men. I have faith which removes mountains; and I believe that we can rely upon our Provincial Government to see to it that at last the pupils in our schools shall be no longer slaves, but students in the best sense of the word.

We have earned the right to government recognition in the past few years—or I should say that our women overseas have earned it for us. The covenant has been sealed with the blood of the martyrs. The Army Sisters, dead and wounded in the bombed hospital, choking and dying on sinking transports, shall not have died in vain if by their sacrifice they show to the world what nursing can mean. And what about those who stayed at home? Oh! I have a brief for them also; especially for those who have clung to the wheel in the smaller hospitals, doing the best they knew, short-handed, discouraged, tired out, "tarrying by the stuff" at home. They have their martyrs, too; not after the flesh, perhaps, but after the spirit.

They have nursed soldiers; they have nursed the very last line of defense, the women and the children at home. No Royal Red Cross for them; none of the excitement, none of the adventure—just duty and discipline and the privilege of being forgotten. It is in their name that we may well make the demand upon our governments that nursing education be given more consideration for the future. It is for their sakes that we appeal to the university, saying: "Train our teachers to teach us. If so great a responsibility is to be laid upon us, show us how to bear it."

Is it worth while? Oh, I think it is! But it is not enough to desire the thing; we must set about to do it.

To sum it all up, we must organize more closely than now; we must understand each other better than now; we must search out and create leadership; we must explain ourselves to our sisters in all parts of the Dominion, so that we speak together with no uncertain voice.

We have our organ, the *Canadian Nurse*. Let us use it as an interpreter. It cannot hope to perform the function of the personal touch, the spoken word; but it can be as a letter from a friend. Let those of us who are in hospitals not shut ourselves away in a little world of our own, but look about us for wider opportunities of service. Let those of us who are outside the hospitals refrain from carping and criticism, and remember that it is our function to hold out a helping hand, and not to place stumbling-blocks in the way of others. It is all summed up in the Cornish proverb: "One for all and all for each."

Before closing, may I ask you to pay me the compliment of discussion? If what I have said has been helpful, if it has in it the breath of life at all, it should surely afford a basis for discussion. Won't you give me an opportunity of learning from you something of value to take back with me to Manitoba? In what I have said, you may see much to criticize or to deny. Won't you give me a chance to talk back?

Finally, what is to be our reward for the toil and struggle of to-day? Is there to be any reward at all? Sometimes I wonder. A few days ago I was talking with a woman, well known in Western Canada, who was one of the pioneers of the woman's movement at a time when woman's suffrage was looked upon askance, and when woman's position in the world generally was much lower than it is to-day, for we have come so fast we do not realize how far we have come.

"It is only now," she said, "that I feel that the pioneers of the woman's movement are coming into their own. The world is going to be a hard road for women during the next thirty years, but at least we have blazed the trail. Our poor little watch-fires far up the mountain will help to guide the feet of those who follow. That is reward enough for us." It is in some such spirit as this that we nurses must face our task to-day.

To blaze the trail—not to make the crooked straight, not to make the rough places plain (the others who come after will see to that). Ours is the nobler, harder task: to find, peradventure, the right path, and to light our watch-fires on the mountains. So, at the very end, shall we not see of the travail of our souls and be satisfied? And those who follow us shall say they have fought a good fight, they have run a straight race, *they have kept the faith.*

Auto-Serum Treatment of Chorea

In the same journal there is an article on the treatment of chorea by means of serum obtained from the blood of the patient. This is drawn from a vein, usually the median basilic vein in the arm. After being properly treated, an anesthetic is administered to the patient and the serum injected into the spinal canal. Twenty-three cases were observed over a period of almost a year and a half; 77 per cent. were cured, 19 per cent. improved, and one unimproved. In almost every instance there had been previous medical treatment with unsatisfactory results. In most cases there was a mild reaction in the form of vomiting and an occasional rise of temperature.

To finish the moment, to find the journey's end in every step of the road, to live the greatest number of good hours, is wisdom.

Emerson.

District Nursing

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In taking up the subject of the district nurse, we strike a key-note of one of the broadest fields in the general public health movement.

One has said, "If there is to be a democratic equality of opportunity, there must be an equal opportunity for health." A demand for public health nursing, already greater than the supply, has been long felt, and, lately, much emphasized by the epidemic, during which the district or public health nurse has so fully proved her value.

The best endowment for a district nurse is a good will — "God divided man into men that they might help each other." The importance of her visit, especially the first visit, cannot be over-estimated. A district nurse should remember she is not an isolated unit, giving nursing care in the various homes, but a trusted representative of her association, and a part of the international movement for the betterment of society. Her uniform implies trained skill, intelligence and authority. When wearing it, she is the agent of the citizens whose liberality enables her to give this skill and training to the people who are unable to provide it for themselves. A public health nurse's work in a community is the most effective constructive work in connection with the health of that city. She goes into all parts of the city, at all times—often where the inspectors can but seldom get, on account of the great amount of work assigned to each man. The nurse sees very often what would be hidden to the other worker. She goes because she has something those people definitely want, and so sent for her. All other workers, inspectors and investigators, etc., go because the family has something they want. Note the different entree to the home. The public health nurse should not take her patient as the unit, but merely the entree to the home; the family is the unit; and, in close co-operation with other agencies, she may carry the family back to as nearly normal as possible. Instruction is the key-note to the district nursing, not only by the "say-so," but by action. One can not teach what one does not know; not "Do as I say," but "Do thus and so." Tell them, show them in detail, and expect them to do it—and they will, usually. Florence Nightingale said, "The work that comes after work is the work that sticks." Her instruction to the family includes the necessity of cleanliness, fresh air, nourishing food, simple methods of nursing, giving baths, making beds, care and feeding of children, how to properly ventilate a room, the general hygiene of the home, and how to take simple sanitary precaution against future cases of disease. Her work must be

arranged to allow her visit to be long enough to be of material benefit to the patient and family. Large horizons, broad views and far-seeing visions are never obtained by neglected detail.

A short history of the public health movement may be of interest to this group. The evolution of public health nursing in cities has naturally made necessary a much more complicated organization than in the small town or country. Reduced to the simplest expression, all this machinery exists for the sole purpose of bringing care, instruction and sympathy to the homes of Mrs. A B and C; and that care, that instruction, that sympathy can be brought by the staff nurse, and the staff nurse alone.

On the foundation of a long tradition of self-sacrifice is being built the present structure of public health nursing, the latest development of modern nursing work. Most movements are developments, not creations; but few have their roots so directly planted in a past filled with inspiration. In that past skill was often lacking, because the knowledge to produce it did not exist, but the spirit of service was the motive of power; and, unless that spirit permeates the modern skill, all our knowledge will be in vain, because we will defeat our purpose—the uplift of humanity.

We trace our lineage back to the noble women of the church in the days of the 11th century, when the early sisters visited the indigent in their homes. Though our nursing the sick in their homes goes further back than that, undoubtedly all through the ages. In the early Christian church one of the duties was to visit the sick and fatherless. Before the Christian era the Jews were commanded to visit the sick in order to show their sympathy and relieve their sufferings. Later the monastries and convent schools stood for all that was then best in nursing, and in these present days we must not overlook the work done by these early workers in the middle ages. From the Crusades came the military nursing orders of St. John of Jerusalem; towards the end of the 11th century orders sprang up outside the church, but later were compelled to come again under its control. In the early 16th century Madame De Chantel, of Digon, gave her life up to visiting and nursing, and, after her husband's death, with the help of St. Francois de Salles, founded the visiting nursing order of the Visitation de St. Marie. Its members were to visit the sick daily, bath, dress and care for them, taking their linen home to be washed. This order, after four years of activity, was given up after the passing of the decree of the Council of Trent in 1545, "That every community of women should be enclosed." This was a death-blow to the work as done by the religious orders. Then, coming to the middle of the 17th century, we meet that prominent figure, St. Vincent de Paul, who was a friend of Madame DeChantel; and, seeing the failure of her nursing scheme, with the help of Mademoiselle le Gras, founded the Sisters of Charity. A sister of charity must go everywhere: no other monastry than the house of the sick, no other chapel than the parish church. His sane, wise out-

look, and the example of a simple life and consecrated self-sacrifice, together with his remarkable power of organization, produced results too well known to require comment. Every public health nurse would do well to know by heart his description of the sisters' calling, as it is applicable to the modern nurse. "Their convent must be the house of the sick; their cell, the chamber of suffering; their chapel, the parish church; their cloisters, the streets of the city or the wards of the hospitals; and the grating through which they speak must be the fear of God. The veil which shuts out the world must be holy modesty."

From this date to the middle of the 19th century we have the dark period of nursing, until we hear from Florence Nightingale, who received her inspiration from Fleidner's training school for deaconesses at Kaiserworth. Even through this dark period, good, devoted women were giving their lives to the relief of suffering, but it was only by individual effort. But the great body of the sick poor were cared for by ignorant, unprincipled women; and the wealthy class fared but little better. Even though, for fifteen centuries, Roman ladies of noble birth had devoted themselves to the care of the sick, her assertion, "that nursing was the work of gentlewomen," fell like a bomb on the friends of Florence Nightingale.

Florence Nightingale was not the founder of the first training school in England; but it was accorded to her the privilege of converting public opinion, and to act on this perception, "that nursing was an art and must be raised to the status of a trained profession." The means taken were three: by example, precept and practice.

This very meagre sketch brings us up to the founding of the early societies, which have later developed into our present system. Mrs. Fry's establishment of the Nursing Sisters of Devonshire Square, London, 1840. In 1848 the Society of St. John's House was established to provide nurses for hospitals, private and district work; and the Bible Women and Nurses' Mission, founded by Mrs. Ranyard in 1857, added their quota to the general effort to aid the poor.

But it is to Mr. Rathbone we owe the first definitely-organized District Nurses' Association. Having seen, by illness in his own family, the comfort brought to the sick by trained service, he asked the nurse who had been with his family to undertake, as an experiment, the care of the sick in their own homes for a period of three months. She consented; but, at the end of one month, asked to be released, as she could not stand the misery she met on her rounds. After much persuasion, she consented to stay for the remaining two months. She then became so interested in the success of her efforts that she begged permission to continue. It was then Mr. Rathbone determined to establish a permanent system of district nursing work for Liverpool. "It is evident," writes a physician, "that the essential condition of rational and successful sick nursing, such as good light, air, warm bedding, good food, etc., are wanting in the home of the poor. Of what use is the

supply of medicine if every necessity is wanting for healthy living?" Through Mr. Rathbone's organization and home, in connection with the Liverpool Royal Infirmary, in four years, eighteen nurses were working in Liverpool. It is interesting to note these workers (in 1863) were not merely looked upon as attendants of the sick, but as social reformers, and that three modern principles were recognized: the nurse must be trained, she should not dispense material relief, and, third, she should not interfere with the religious belief of her patients. This is our standard to-day, though at times all nurses fall below. In 1875 the Metropolitan and National Nursing Association was founded, employing women from the ranks of the educated. Through the efforts of Mrs. D'Arce Craven, this experiment proved its success, when, in 1887, the Queen Victoria Jubilee Institute for Nurses was founded, at the wish of the late Queen Victoria, in commemoration of her Jubilee, that, when possible, memorials should take the form of a means of relief for the poor, the suffering and the unfortunate; the object being the extension of the work throughout the Empire.

Coming to this continent, we find the first organization, in 1877, under the New York City Mission. Then organized in Waltham, 1885; Boston, 1886; in Philadelphia the same year; Chicago, 1889; and, in 1893, Henry Street Settlement, New York City. In 1890, seventeen years after the first nurse was sent by the New York City Mission, there were twenty-one organizations. We find, until recently, in the United States, each city and town has been continuing this work in its own way, with no uniformity of methods or training; while in England, the Queen's Institute was setting very definite standards for everything—methods of work, records, and uniform. In 1898, we find the work developing into broader channels. In that year Los Angeles set the pace by employing municipal nurses. In 1902, New York City began its work in the schools and with contagious diseases. Then we begin to have specialization (at times over-specialization)—nurses engaged in school nursing, T.B.C., infants' welfare, mental hygiene, medical social service, pre-natal instruction, and each year new lines of work are being added. To-day they have in the United States 2,700 organizations, employing upward of 6,000 nurses.

As an outcome of the success of the work in England, and a need that was being felt very strongly in the West, the Victorian Order of Nurses for Canada was organized by Lady Aberdeen in 1897, with three centres—Montreal, Toronto and Ottawa.

A Royal Charter was granted, and, as the work grew, it developed into a threefold organization, covering district nursing, cottage hospitals and the rural nursing scheme.

The plan of organization is under one central authority in Ottawa, with district superintendents, in charge of the various large units, responsible to the centre.

The Order is making throughout Canada in the neighborhood of 400,000 visits to about 60,000 patients each year.

A Relief Worker

A district nurse is not expected to continue her daily care of a patient who is suffering from the lack of the necessities of life, but she is expected to provide them through co-operation. There are two reasons, for instance, on this point. If it is to be given with a minimum danger to the patient, it requires a trained social worker. Also, it has been invariably found that her position as a nurse has been weakened if the patient looks to her as material relief. Rarely is a dole of groceries or money sufficient to cure the disease of maladjustment and incapacity, and a social diagnosis is as important before treatment as the medical one. Few nurses have had training to fit them for making such diagnosis, nor should their time be diverted from nursing. If it is to be well done, it requires many hours of many days to gather the necessary data.

Fundamental Principle Is Co-operation

Everywhere the public health nursing is one of the most valuable co-operating agents in the community. This is a later development of her work; but, had she failed to respond to this trend of the times, the public health movement would never have reached the place in public service it holds to-day. Co-operation has not only done much for the patient and his family, and much toward strengthening the other agencies, but has relieved the public health nurse herself. The older worker will remember the times of worry because she was helpless to deal with some situation. A public health nurse is not expected to undertake for her patients work that belongs to another agency, but must be willing to see their point of view, and each work for the welfare of the family, willing to lose their identity so long as the desired results are accomplished.

Though the lay worker and the nurse may view the same situation from an entirely different standpoint, the real object of it all is the individual. The key-note of co-operation is intelligent tolerance.

Religious Views

The whole question of the religious views of the patient is not a difficult point if the nurse remembers that, as a public health nurse, she represents, not her own religious faith, but the spirit of helpfulness, though it may be fed by a personal religious feeling expressing itself by an effort on her part to strengthen all bonds which may make for the better life of her patients.

The Nurse and the Physician

Public health nursing has had in the medical profession its greatest friend, and, not infrequently, its stumbling-block. The more broad-minded physicians have always recognized the public health nurse as a helpmate, strengthening his hands and helping produce results impossible alone. These men, whose minds have been steadily fixed in the wel-

fare of the people and not on circumstances affecting themselves, have, from the first, gladly given the nurse his help, and loyally sought to secure her position with the patients.

Our district nurse. Who is she? What is her training? What are her lines of activity to-day?

We must have a good nurse before we can have a good district nurse, good child welfare nurse, good orthopedic nurse. The foundation training must be of the best before we can develop a specialty. If we try to plan for the latter first, we will meet with failure. She must enter the field with the right spirit, as our soldiers have entered their ranks, not for a personal return expected, but for the good of humanity. In considering her patients, the nurse must take into account their social as well as their physical needs. This knowledge can not be acquired in one day, or many days, nor can they be met by the nurse alone. In any event, the important point is the fact the nurse knows three things: something is wrong, why it is wrong, and what can be done to set it right.

To a nurse beginning in public health work, it would seem as if an impossible demand were made on her; but, as she goes on with the work, the observation of social symptoms becomes as a second nature to her. Her eyes become trained to deal with detail from the opening of the door on her first call through the house to the patients' room. When she is making her criticism, she must take into consideration the habits of life-time, and realize she can not make these necessary changes at once; but by meeting him on his own level, to get his point of view, she will accomplish sometimes a very radical change in the whole life of the family. This requires an unlimited amount of patience. In her enthusiasm she may expect these changes accomplished at once, but it is the constant service that influences the majority of families. We do not wonder at the failure in many of these cases; but we do wonder, rather, at the successes.

The term district nurse can be a very broad one if it includes, as it rightly should, the district. In the early days of district nursing, the object of the associations was to bring the service to the poorest. Then, as the work later grew in favor and usefulness, it was carried on in a broader sense, and, to change the idea to the public, we have the term visiting nurse. This name, giving way, in a general sense, to a still more broad term, public health nurse; though, in the last analysis, the original term can be used in as fully a broad and useful sense. To use the term "district" would imply generalization in its broadest sense. The district nurse should be equipped with a knowledge of everything pertaining to the district: of the city and rural provisions for sanitation, relation of the water and milk supply to the health of the community, approved methods for the removal of waste, as well as the different methods for sanitary disposal of sewage, she should know the character of soils, drainage and its relation to the water supply, and should

be familiar with the conditions that favor fly and mosquito breeding. A wise nurse may aid greatly by keeping up the economic efficiency of her community. Every sick man, woman and child lowers it. When we use the term public health nursing, it includes the district nurse, and the many other activities all established for the good of the community; and includes not only nursing the sick poor, but all grades of society who need the kind of service she can give. Probably one of the values of the change of name is the getting away from the original idea of charity nurse. In this branch, as well as in other branches of social endeavor, a family may be pauperized. Service paid for, though by the smallest fee, is always most appreciated, and keeps the family independent.

District nursing is no longer a novelty as it was a few years ago. As the associations grow in scope, the demand for a more fully-trained woman follows. At one time a nurse, in private practice, when tired out after years of work, would take up a district, with no previous knowledge of the social need of a community. Now it is realized that no one can understand it in the true sense unless they have had special training and actually taken part in it themselves; to use a nurse term, "carried the bag." For years the district nurse has worked among these people. Her uniform and bag are familiar to the whole neighborhood. They trust and believe in her. When she teaches, they listen to her. The seed is sown; and, as a general rule, there is a fruitful harvest. But it can be safely said that they believe more readily in the few words the nurse says than in many spoken by those who have not come to them in their hour of need.

In closing this outline of the district nursing movement and the district nurses' work, we hope we have made it clear that the object of it all is not self-centred, but to strengthen the hands of workers of all other agencies, whose object is for the good of mankind, by the closest co-operation possible.

May I close my reading a student's impression of a day on the district?

IMPRESSIONS OF A DAY ON THE DISTRICT

If I'm to tell of my impressions
I have gathered through a day
That's been spent upon the District,
In beginning, I would say:
What an awful lot depends upon
The day you choose to take,
For you'd be surprised the difference
The weather seems to make!

For if the wind is nipping,
And your nose is pinched and blue,

It seems strange that your impressions
Are exactly that way, too.
But suppose the sun is shining,
Then you whistle as you go;
And your thoughts are worth recording
On a day like that, you know.

It may be you'll miss a street car—
You don't mind—and then, perhaps,
When the next comes it's crowded,
And you hang onto the straps;
And the big fat man beside you
Sways about and spoils your toes,
And the smell of garlic somewhere
Isn't "Mighty Like a Rose."

And you'll find your patient's fire
Has just died a natural death,
And the whole place is so frosty—
When you breathe, you see your breath;
And the kettle isn't boiling:
"You may get one just next door";
And the laundry isn't back yet
That they sent the week before.

All these things will leave impressions;
But they're not like yesterday,
For you're feeling optimistic
And you'll get along some way.
You'll just keep on and do your best
To help your fellow-man;
On days like that, perhaps you're glad
That you're a V.O.N.

Canada has to remit to foreign countries a sum of well over half a million dollars a day simply to pay our indebtedness abroad, according to the Canadian Trade Commission.

"We must check the flow of money outwards and turn the stream of money inwards" by cutting down imports and expanding exports, says the Canadian Trade Commission.

The favorable trade balance of $572,000,000 of 1917 had already dropped to half that figure in the last fiscal year. The Dominion may have to face an adverse balance of trade next fall, and that is why the Canadian Trade Commission wishes the enormous importance of exports to be grasped even by children.

The Soul of A Soldier

By Corporal Victor

(The writer of this sketch is a private in the Motor Transport Section of the A. M. C., who, before enlisting, was well known in business circles in London. The article first appeared in the *Daily News,* of London, on June 25th, 1915.)

"Abide with me, fast falls the eventide;
The darkness deepens, Lord with me abide."

The last time I had heard these words was in an old church, set among trees that stretched up a mountain side towering in majestic grandeur over one of Scotland's loveliest highland lochs; this time it was "Somewhere in France." I had come back from the firing-line through a veritable Valley of the Shadow, and, in the fading light of that Sabbath evening, my ears, worn with the thunder of battle, eagerly drank in the soft cadences of the old, familiar hymn. In the square of that little town, ravaged nine months ago by the Germans, great war wagons were ranged line upon line. Under a lurid light of battle stabbed the darkness; the plea for guidance rolled on and upward to the very gates of heaven.

No rank and file there, but one great appeal from the very human souls of that little way-side group; a song of prayer wrung from those who felt, amid the dangers so real, so near, only one Power could lead them in the way of safety. That, too ended; and to us, who have lived for months within earshot of the guns, the mutterings that came from beyond the darkness were as a silence of their own. Still, though the circle wavered a little, these soldiers were loath to break the solemn spell cast by the soul-stirring songs.

"Just another, Staff," someone almost pleaded. The circle steadied; one or two stragglers joined again, as, just for a moment, the guns were silent. Then, with a deafening crash, a nearby howitzer rent the very heavens, and lit the sky for an instant with blood-red glare. There was the silence of awe; the

"Onward, Christian soldiers,
Marching as to war."

The little sergeant felt the call of the guns, and boldly led that song of battle.

I wondered how many noted the words! They were indeed marching to war, these gallant souls—taken from factory, workshop, office, and from the wide, rolling dales of sunny Yorkshire. That sound of terror, so close, so compelling, had roused in every heart the dread call that had taken them far from home, from ease and safety, from friends and families; but these be the things for which they fight. And on-

ward they are going. There is no doubt in their minds; no hesitation in their actions; no fear can be allotted to these brave lads who, in that remote corner of France, sang again their hymns of prayer and praise. To some, perhaps, their words had almost faded from memory; but from home and Sunday schools, and great churches, too, the lines came echoing back over all the years. The last line died away, echoing up the narrow streets.

"The King," said the little Scotsman. Sharp to attention came the soldiers as the Briton's appeal for a beloved sovereign rang out clear as a bugle-call; and so ended the gathering, full of pathos and devotion.

Slowly and so wistfully the little band broke up. The Major had kindly words for many who passed him on their way to rest. Turning to me, he said:

"That was very nice, was it not?"

"Yes, sir," I answered; "better than 'Tipperary'!" And, smiling, he bade me God-speed.

A turn of the starting handle sent my great automobile engine pulsing into life and action. Tired, but with a new spirit, I climbed back into the driving seat, and, with a sweet "silent presence" that goes where I go, drifted slowly through the shadowed streets, for the red hand of war has taken away all lights.

The little houses grew smaller as I reached the outskirts of the town, and blank darkness, with all its hidden dangers, lay in front of me; the tall trees stretching straight above me left a lane of sky to guide me on my flying wheels.

For a brief moment a soft glow from the guttering candles of a wayside shrine picked out a kneeling figure, whose coat of blue and kepi told me a comrade of France sought comfort there in prayer.

And I—though there lay beneath my hand the strength of a hundred horses—felt as if, again a child, I, too, knelt in prayer at my mother's knee; and there echoed up from the silent town, from the deserted square, on to my lips:

"Lead, Kindly Light, amid the encircling gloom;
The night is dark, and I am far from home—
Lead Thou me on."

"Canada-Product" has been chosen by the Canadian Trade Commission as the trademark of goods going to Europe under Government credits.

The working-man is closely concerned in Canadian export trade, and the Trade Commission points out that working-men are already realizing that steady employment and plain bread and butter are assured by more dollars coming into the country by added exports.

Editorial

The final arrangements of the committee on arrangements for the conventions have been completed, and the following communication has been received for this department:

The convention of the Canadian Association of Nurse Education will be held at the Vancouver Hotel, Vancouver, B.C., Monday, July 30th, and July 1st.

The Canadian Association of Trained Nurses will meet at the same place, following its sister association. Joint meeting with the C. A. N. E. will be held at the evening session, June 30th, and Friday, July 4th.

Fuller details will be found on another page.

* * * *

In "The Letters to the Editor" will be found a letter from the editor of the *American Journal of Nursing*, which will be of interest to all Canadian nurses, and showed kind thought for the relatives of the sisters who were drowned in the Llandovery Castle, by Miss Palmer, who in her busy life found time for this bit of thoughtfulness.

* * * *

The following letter from Matron-in-Chief for Canada E. C. Rayside, referring to list of honors for nurses, explains itself:

"On page 1687, Matron S. E. Young is a matron; and the others following in the list are shown as matrons, but are nursing sisters. This is pointed out to you for your information if you think it best to have the correction made."

The Editor regrets the mistake, which was in the original sent her.

* * * *

The following letter is published, as requested by the Department of Militia and Defence, with the hope that any Army nurse who writes on conditions arising from the war will comply with the wishes of the department:

"Would you very kindly permit to appear, as an editorial note in the next issue of your journal, the request of the Director-General of Medical Services, that all medical officers who have been demobilized should, as an act of courtesy and for the purpose of completing records, submit to him such papers or articles concerning conditions arising from the war as they may purpose publishing.

"Yours very truly,

(Signed) "J. E. FOTHERINGHAM,

"Major-General,

"Acting Director-General of Medical Services."

Convention Arrangements

REPORT OF TRANSPORTATION COMMITTEE

MISS MABEL HERSEY, Convener

The very lowest rates that can be had for the trip to Vancouver, including (if desired) a trip to Victoria and to Seattle without extra charge, are as follows, taking Montreal as the starting point. Local rates can be arranged for accordingly. These rates are for any line, and are good for return till October 31st, 1919:

To Vancouver, with trip to Victoria and Seattle if desired, $132.00. Lower berth, one way, $18.70; compartment, one way, $52.80; drawing-room, one way, $66.00.

Full reports from the programme committees have been held up owing to the general strike in Winnipeg.

ARRANGEMENTS COMMITTEE'S REPORT

Meetings will be held at the headquarters, Vancouver Hotel, June 30th-July 5th, and arrangements will be made there to provide a well-equipped information bureau for the benefit of all guests. Details of trips 'round the city, street car routes, maps, etc., will be provided for their information.

Joint formal opening meeting, June 30th, 8 p.m., the President of the G.N.A. of B.C. in the chair.

Invocation—Right Rev. A. U. de Pencier.

Addresses of welcome—His Worship Mayor Gale; Dr. R. E. McKechnie, Chancellor of the University of B. C.; Dr. V. E. D. Casselman, President of the Vancouver Medical Association; Miss Helen Randal, R.N., Provincial Registrar for the G.N.A. of B.C.

Response to addresses—Miss Jean Browne, R.N., Director of School Hygiene, Saskatchewan.

Paper—"The Nurses' Part in the Great War"; "How Universities Are Co-operating in the Training of Nurses." McGill University, Miss Hersey; Toronto University, Miss Hames.

"Psyshiatry and Mental Social Service"—Dr. A. T. Matthews, Winnipeg.

* * * *

C.A.N.E. CONVENTION, JUNE 30 AND JULY 1

MORNING SESSION, MONDAY, JUNE 30

10.00 a.m.—Reading of minutes of last meeting.

President's address.

Report of Secretary.

Report of Treasurer.

Report of standing committees:

(a) Nominating Committee, Miss Rowan;

(b) Programme Committee, Miss Martin;

(c) Arrangements Committee, Miss Randal.

Reports of special committees.

"Affiliation of General Hospital with Neighboring T.B. Sanatoria" —Miss E. MacP. Dickson.

"Eight-hour Day for Nurses"—Miss Helen Locke.

Reports of Chapters: Winnipeg, Miss ——; Toronto, Miss Potts.

Other subjects to be arranged for are: "Student Government," Miss Russell, Toronto; "Clubs or Other Organizations," Miss Fairley, Hamilton; "Discussion on Page in *Canadian Nurse* Dealing with Educational Topics," Miss Johns, Winnipeg; Training School topics, viz.: (a) "Teaching Nursing Ethics," (b) "How Best to Prepare Pupils for Executive Positions," (c) "Elimination of Non-essentials in Training"; "Affiliation for Small Hospitals," Miss Martin, Winnipeg; "Making the Third Year More Profitable for the Pupil," Miss MacKenzie, Victoria.

For the second joint meeting with the C.N.A.T.N., the committee feel very happy that they have been able to secure Miss Isabel Stewart, of Columbia University, New York, one of the graduates of the Winnipeg General Hospital, to address us on "Eight Hours for Nurses."

Report of joint committees on eight-hour day, Miss Locke.

Paper, "The Practical Nurse and Trained Attendant," Miss Gray, Winnipeg.

"Granting Time to the V.A.D's," Miss Potts, Miss Mary Griffen.

OUTLINE OF A CHEMISTRY COURSE FOR NURSES

The following is the outline of the course in chemistry given for nurses in the Central Technical School, Toronto. It occupies sixteen two-hour periods, one hour being devoted to theory and one to laboratory work:

LECTURE WORK—Matter, elementary and compound; classification of compounds; changes in matter; oxygen; oxidation and combustion; hydrogen reduction; water composition; purification by filtration, distillation and boiling; nitrogen; the atmosphere, essential and non-essential constituents, with the use of each; chlorine; disinfectants and bleaching agents; poisons and antidotes; hard and soft water; detection of impurities in water; acids, bases and salts, with their nomenclature; the use of hydrometers in making up solutions of definite strength; consideration of the units used in prescription work; reading of prescriptions; dispensing; use of the lactometer and urinometer; thermometry; the clinical thermometer.

LABORATORY WORK—Preparation and study of the elements and compounds discussed in class; practise with hydrometers, thermometers, balances, and other measuring instruments; preparation of solutions of definite strength; tests for sugar and albumen.

Letters to The Editor

To the Editor of *The Canadian Nurse*:

As indicated in your leading editorial in the March number, the eight-hour day in hospital training schools promises to be an outstanding item in the agenda at the annual meeting of the Canadian Association of Nursing Education. The principle of the eight-hour day is the subject of consideration at gatherings much more important than ours will be. At perhaps the most historic conference in the history of the world, the high contracting parties who are now making the second treaty at Versailles, the most momentous pact ever entered into between nations, recognized "that the well-being, physical, moral and intellectual, of industrial wage-earners is of supreme international importance." This is an extract from the nine labor clauses in the treaty. The nurse in training is not an industrial wage-earner; but her status, her sex, and the responsibilities for which she is preparing herself, demand for her infinitely greater consideration.

One may perhaps with propriety, therefore, recall some circumstances bearing upon the movement for the eight-hour day in hospitals. The suggestion is far from being new. Only a few years ago it took the form of an implied promise, when the course of training in hospitals was increased from two to three years. There was a certain tacit understanding at that time of a shortening in the daily hours proportionate in some degree to the increase in the length of the educational period, which understanding we can scarcely afford to ignore.

Outside of this, what is due the nurse in the hospital who, by her services, pays for her tuition, and not only pays for her tuition, but also for some things, such as good food, and adequate living conditions, which she does not always get, is a matter for one's individual judgment or conscience.

The eight-hour day which the Peace Conference proposes for the industrial worker and the ten- or twelve-hour day which exists for the nurses scarcely seem compatible. It has been demonstrated that twelve or even fourteen hours off duty is not sufficient for the nurse to store up the nervous energy given out in working at high tension in the hospital ward. Exhaustion of the nervous centres produced by a continuous drain upon them has been only too familiar. Impaired efficiency, therefore, is a direct consequence of the over-evolution of nervous energy; and the patients in the care of those nurses suffer—not because of any unwillingness or want of consideration on the part of the nurse, but because of her reduced efficiency, due directly to long hours of nursing.

In one of the States where there is labor legislation, it includes the pupil nurses; but if our schools whose standards we have taken some

pride in raising, even to their present status, are really to be considered schools, it would not be possible for them to be under labor laws. To obviate the chance of having the privilege of legislation for ourselves taken from us, would it not be better to place ourselves beyond the control of labor laws by recognizing, as a nursing body, that shorter hours are necessary, that the responsibility is ours, and we must endeavor to educate and enlighten the public opinion on behalf of our work.

ELIZABETH G. FLAW,
President, the Canadian Association of Nursing Education.

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The American Journal of Nursing,
19 West Main Street,
Rochester, N. Y.,
May 1st, 1919.

To the Editor,
The Canadian Nurse,
Vancouver, B.C.

Dear Editor:

On opening the April number of *The Canadian Nurse,* I read with interest the list of nurses who had died in the service. Miss M. A. McKenzie, among those who were drowned, was one of my graduates in the General Hospital of this city.

It so happened that, a few days before, a friend, who lives with me part of the time, was telling me of the experience of a young cousin, a captain on one of the submarine-chasers. He was in charge of the boat which destroyed the submarine which sank the Llandovery Castle, the steamer on which these nurses had sailed. He told this friend of mine that, the morning after the disaster, his crew picked up the bodies of eleven nurses floating near the scene of the wreck, and buried them at sea, and, as the ranking officer of this boat, he read the burial service.

Perhaps this incident is known to you and your readers; but I thought it might be an interesting detail for the friends of these nurses to know.

Sincerely yours,

SOPHIA F. PALMER,
Editor-in-Chief.

Thou learnest no secret until thou knowest Friendship; since to the unloving no heavenly knowledge enters.—HAFIZ.

Dominion trade is rapidly running back to pre-war standards. Yet the largely increased debt which war brought us makes it imperative, says the Canadian Trade Commission, that this should be prevented, and that peace-time work can be on a war-time scale.

Victorian Order of Nurses

The Victorian Order of Nurses, of Toronto, are in receipt of many letters of appreciation for their work during the influenza epidemic; and Miss Hall, the lady superintendent, is congratulating herself and feeling very grateful that none of the nurses were afflicted with the disease. Doctor Hastings, M.O.H., of the city of Toronto, writes:

"I have to express to the V.O.D. our keen sense of gratitude for their valuable co-operation during the influenza epidemic in this city."

The Victorian Order of Nurses of the city of Toronto cared for 1,400 maternity cases and made over 35,000 visits during the year; they attended to nearly one-eighth of the maternity cases of the entire city. And Miss Hall, the lady superintendent, 281 Sherbourne Street, who is anxious to increase the staff from 18 to 30 nurses, will be glad to receive letters from, and give information to, qualified applicants.

* * * *

A Post Graduate Course of four months in District and Public Health Nursing for graduate nurses is given at the training centres of the Order, namely: Ottawa, Montreal, Halifax, Toronto and Vancouver.

Salaries during the course and good openings after successful termination.

For full information, apply to the Chief Superintendent, Room 4, Holbrook Chambers, 104 Sparks Street, Ottawa, Ont.

Cost of Preventable Illness

The Board of Health of St. John, N.B., stated that the cost of the treatment of the last smallpox epidemic was $14,100.76. This includes vaccinations and the care of naval and military patients. The preventable illness in five townships in Duchess County, N.Y., cost, at a conservative estimate, $412,000.00 a year in money, to say nothing of continued invalidism, bereavement and loss of productive power to the community. In 1,600 cases of serious illness the county lost 9,000 working days by adults and 13,700 school days, these two items alone costing the community $25,000.00 a year.

Three ships have already sailed with Canadian supplies to restock Roumanian farms under the $25,000,000 credit. The Canadian Trade Commission is "up to its eyes" in work, arranging the clothing and other sections of the order.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

* * * *

The Mothers' Friendly Club, of Griffintown, was entertained by the C.N.A. in the Club-room on Friday evening, April 4th.

Miss Trench, lady superintendent of the Women's Hospital, who went to Atlantic City some weeks ago, after a serious illness, has returned, much improved in health.

The Edith Cavell Chapter of the I.O.D.E., of which the members are all nurses, is working this year for Dr. Grenfell's Hospital in Labrador.

The business meeting is held in the C.N.A. Club-room on the last Tuesday of the month, at 8 p.m. At the meeting on April 29th it was decided to send $100.00 to the Canadian ward of the Dr. Elizabeth Garrett Anderson Memorial Hospital, London, England; $25.00 was given to the Women's Directory of Montreal, $10.00 to the Bleury Mission Home for tubercular patients, $50.00 to the Khaki Home for the entertainment of returned soldiers, and $25.00 to the Y.M.C.A. Triangular Hut.

Dr. Conroy, of Point St. Charles, gave an interesting lecture to the nurses on "Medical School Inspection" at the May meeting, Tuesday, May 6th.

The sympathy of the Association is extended to Miss Mary MacDougall, a member of the executive, on the death of her mother.

Application was made some time ago by the Montreal School of Masseuses for affiliation with the Canadian Nurses' Association. After much discussion on the subject, it was decided that the members of the school could only join the Association as individual members.

News from The Medical World

By Elizabeth Robinson Scovil

Watching the Heart Beat

It is stated that by means of a new X-ray invention, just completed in London, it is possible to watch the heart beating. It is seen in relief like a stereoscopic photograph. If a coin has been swallowed, or a bullet lodged in the body, it is seen in perspective and its exact location can be noted. Under suitable conditions, the blood can be seen flowing through the arteries.

Modifying Fat Contents of Milk

A simple method of modifying the fat in milk for infant feeding is to allow the milk to stand on ice until the cream line is distinct. The cream is then removed very carefully, to prevent mixing. To obtain milk containing 2 per cent. of fat, two ounces of this cream is added to 24 ounces of the skimmed milk; if 3 per cent. fat is desired, four ounces of cream is added; if 4 per cent., six ounces is returned to the skimmed milk. If the milk stands too short a time before being skimmed, the amount of fat cannot be correctly estimated, as some fat remains in the skimmed portion.

Use of Face-Masks

The *Journal of Infectious Diseases* reports the result of face-masks to prevent droplet infection during nearly three years. No case of scarlet fever has occurred amongst the nurses since the masks have been in use. They are changed frequently, and the nurses are warned not to touch them without washing their hands. The fineness of the mesh and the number of layers used is important. Three layers were considered sufficient in ordinary cases, six if the infectious case was a virulent one. The gauze used was absorbent, and was found as efficient when dry as when moist.

Hemorrhagia and Radium

Radium has been found efficacious in checking hemorrhage at the menopause when it is not caused by fibroid tumors, or carcinoma. The dose of radium is determined by the age of the patient. In young persons, only sufficient is given to check the proper menstruation; in older ones, sufficient to stop it altogether. It usually ceases entirely after the second or third month. If necessary, a second treatment is then given. Not every case is favorably affected, but the majority are cured or much improved.

Dentistry and Cancer

It is said that cancer of the mouth has been greatly reduced by good dentistry. Eighty-five per cent. of cancers of the lip occur in smokers. Formerly, clay pipes, which became very hot, were much used, and there has been a notable reduction of cancers of the lip since these pipes went out of fashion. Smoking is the cause of most cancers of the lip, the tongue and the floor of the mouth.

Eugenic Marriage

In Norway, persons about to be married must declare, in writing, that they are not suffering from epilepsy, leprosy, syphilis or other venereal disease in an infectious form. They may be required to show that they have not been insane. A physician is bound to interfere if he knows that any one of these diseases is being concealed by either party. The marriage may be annulled if there has been deception. A written declaration must also be given as to previous marriage, and to children born to them out of wedlock. Many causes besides those mentioned are defined as valid for the dissolution of the marriage, and the single standard for both sexes is insisted upon.

Vital Statistics

At a conference of public health officials at Ottawa, it was decided that there should be provided a system of uniform registration for the Dominion of births, marriages and deaths. Divisional registrars must report monthly instead of quarterly; physicians, nurses, clergymen, undertakers and others with a knowledge of the facts will be compelled to supply information demanded by the Registrar-General. The Bill provides that when there is a birth at sea, when the mother is on her way to Canada, or when births occur across the border, in hospitals, they are to be registered in the province, if the mother is a citizen of Canada.

Symptoms of Over-Feeding

An authority on infant feeding states that occasional regurgitation in infants is common, but if it is habitual it indicates that the child is getting too much food. Breast-fed children show it most often, as they can tolerate over-feeding the longest. Repeated hiccoughing indicates that, even if the food is well digested, the child is getting too much. Excessive drooling has the same significance. Moderate drooling shows that the infant does not know how to swallow the saliva.

Deep Respiration in Influenza

A medical man noticed that, after an attack of broncho-pneumonia, he found great relief after climbing a hill had forced him to pant. He then practised deep-breathing regularly, and found it hastened his convalescence. He taught patients with acute or chronic pulmonary affections to breathe deeply several times a day, with excellent results. He did not lose one of thirty-six cases of pneumonia among 400 influenza patients, except one woman in child-birth. He thinks more stress should be laid on this treatment.

The Diet Kitchen

By Elizabeth Robinson Scovil

The Convalescent's Tray

The convalescent's appetite is sometimes a thing to be tempted, and sometimes a thing to be wondered at. When it is the former, it requires all the nurse's ingenuity to provide food that will induce the patient to take as much as is necessary to build up the body reduced by illness.

How. to combine fats, carbo-hydrates and proteins in proper proportion and, when that is done, persuade the patient to eat them, is often a puzzling question.

It is well to remember that there is hardly any article of food of which *a little* may not be eaten with impunity. It is overloading the stomach beyond the capacity of the digestion that causes trouble. If there is anything that the patient particularly fancies, unless it is forbidden on account of the disease, give it in moderation, remembering that the quantity must be small.

In households where expense is a consideration, do not cook more than enough for one or two servings. If expensive ingredients must be used, do not buy much at a time, and use them carefully. An economical nurse is always in favor.

Chicken Shortcake

Make a biscuit paste with half a cup of flour, a teaspoonful of butter rubbed into it, a teaspoonful of baking-powder and enough milk to make a soft dough. Bake in a small pan; when done, split open with a fork, and place between a thick layer of creamed chicken. If celery is obtainable, it may be stewed and added to the chicken. Cut the whole in squares, and serve.

Mutton Rechauffe

Cut cold mutton into small pieces; moisten it thoroughly with white sauce; add a few drops of onion juice, a little mint (finely chopped), if it is liked, or a sprinkling of celery salt; pepper and salt to taste. Put in a ramakin, or individual baking dish; cover the top with buttered crumbs, and bake until the crumbs are brown and the mixture is hot. Minced beef may be prepared in the same way, using brown gravy instead of white sauce, and a few drops of Worcestershire sauce.

Salt codfish, although not usually considered a delicacy, can be obtained almost anywhere, and, if properly prepared, is very appetizing.

Codfish Cake

Shred two tablespoonsful of the fish; put it on to cook in cold water, gradually heated, but not allowed to boil. When the fish is soft, beat an egg very light and add the strained codfish to it, first pressing it in a strainer to dry it. Have ready a small frying-pan with a dessert-spoonful of butter; when hot, turn in the fish mixture; brown on one side and turn on the other. Serve quickly in a hot dish.

Finnan Haddie Balls

Shred two tablespoonsful of boiled finnan haddie; add to it twice as much potato, pressed through the ricer; beat a small egg very light and use about half of it to make the mixture the right consistency to mould into balls; a little pepper can be added. Fry the balls in deep fat. Directions for deep frying can be found in any good cook-book. If it is properly done, the food does not absorb fat; and the delicate brown surface makes the food very appetizing.

When milk puddings have grown monotonous and a more substantial one will be appreciated, try

Raisin Puffs

Take half a cup of milk, one well-beaten egg and a quarter of a cup of sugar; stir the mixture into a cup of flour, with a heaping teaspoonful of baking-powder sifted into it; add half a cup of raisins. Put into well-buttered cups and steam for half an hour. Serve with lemon sauce.

Five-Minute Pudding

Sift together an ounce of flour, three-quarters of an ounce of sugar and a teaspoon of baking-powder; moisten with a well-beaten egg; spread in a pan and bake for five minutes. Turn out, spread with jam and roll up.

St. Peter's Pudding

Soak a quarter of an ounce of gelatine in half a cup of cold water; add half a cup of boiling water, and strain; sweeten to taste. When the jelly begins to stiffen, add an orange cut in small pieces, a few dates stoned and a few shelled walnuts. Serve with whipped cream, sweetened. It may be moulded in an individual jelly mould and, when turned out, surrounded with the whipped cream.

Fruit Sangarie

Crush two or three leaves of mint with a lump of sugar, put in a glass with chipped ice, add four tablespoonsful of grape-juice and fill the glass with charged water, or soda water; stir well and strain.

Love is the greatest of human affections, and friendship the noblest and most refined improvement of love.—Robert South.

The World's Pulse

By Elizabeth Robinson Scovil

A Concrete Vessel

A new departure in shipbuilding is a vessel made of concrete. The "Faith," which has been in commission long enough to travel 18,000 miles, is said by her captain, an old sailor with thirty years' experience at sea, to be an absolute success. She has never been pumped, although she has been buffeted by the heaviest seas, and there has never been the slightest trouble since the day of her launching.

Air Sovereignty

It has been decided that each nation is entitled to sovereignty over the air above it, subject to the granting of permission for the passage of foreign aviators. There is to be no discrimination against any nation by another. Air pilots will be licensed on an international basis, and there will be international rules governing the right-of-way for airplanes and airships.

Big Bertha

It is said at the Krupps Works, in Essen, that the huge gun that was fired at Paris was originally intended for the destruction of London when the German troops reached Calais. It was like any other large gun, except that it was longer. The shell left the gun with an initial speed of about a mile a second. The gun could fire only a few shots, and then had to be dismounted and sent back to Essen to be re-rifled.

An Air Record

A De Haviland airplane has flown from London to Paris, 250 miles, in one hour and twenty minutes. It was one of the official squadron used by the Peace Conference delegates.

A New Food Industry

Certain war factories in England are to be used to manufacture potato flour. The question is also being discussed of using surplus potatoes for making alcohol for motor purposes.

The Channel Tunnel

The tunnel between England and France seems to be certain of construction. It will be the joint property of the two countries. There will be a water-lock which, in case of need, would flood the tunnel for about a mile, so that passage would be impossible, and, if necessary, a portion of it could be blown up. It will be possible to run trains at

intervals of a quarter of an hour from London to all parts of Europe, and, eventually, to Bagdad and Capetown, South Africa, via Cairo.

An Edith Cavell Gift

Edith Cavell's family in England is to be presented with an album containing the photographs of all the Belgian soldiers who were enabled to cross the frontier through her assistance. The gift is to be made from Brussels. A part of the evidence that condemned her was postcards, written to her by soldiers whom she had helped to escape, assuring her of their safety.

The Rhine as the Frontier

Marshal Foch is quoted as saying that the Rhine must be the new frontier between France and Germany. A political frontier could be broken through anywhere, whereas the Rhine can be crossed only at points which could be guarded. "It is our only safety and their only safety," he says; "we must double-lock the door."

Airplane Charter

The Canadian Pacific Railway Company is applying to Parliament for an act authorizing it to establish, maintain and operate services by aircraft between such points within or without Canada as may be found desirable.

Communication With the Dead

Sir Arthur Conan Doyle and his wife believe that they have been in communication with their son, who was killed at the front. Sir Arthur said that most intimate family affairs were related by the medium, who could not possibly have any previous knowledge of the things she told. His son had been a skeptic on spiritualism and had declared that his father was being bamboozled. "It was the only difference between us," said Sir Arthur; "but, communicating from the other side, my boy expressed his regret at not having trusted his father's judgment. In speaking, he used endearing terms and favorite slang expressions known only to the family."

Vimy Ridge for Canada

It is said to be the intention of the French Government to present Vimy Ridge to Canada. It was captured by the Canadians on April 9th, 1917, and for nearly two years Canadians fought in this locality, near Lens, which is thickly dotted with Canadian graves. The Belgian Government have intimated their wish to give Canada some land in Ypres, where a memorial museum and shrine may be erected to the fallen Canadians, that can be visited by Canadian pilgrims to the battlefield.

Hospitals and Nurses

NOVA SCOTIA

Miss Alice Appleton has resigned the position of superintendent of nurses at the Nova Scotia Hospital, Halifax, N.S. Miss Appleton was on duty in the Nova Scotia Military and Naval Hospital from December, 1915, to June, 1918. During that time she occupied the respective positions of charge nurse and, later, night superintendent. In June, 1918, she was transferred to the Nova Scotia Hospital as superintendent of nurses. Miss Appleton's services have been of the highest order, and it is to be regretted that the Government of Nova Scotia are to lose so faithful an officer.

Nursing Sister Sarah Gatez, of Dartmouth, N.S., has returned from overseas duty.

Miss Lois Gatez has resigned her position as charge nurse, Nova Scotia Hospital, Halifax, N.S.

The graduating class of May, 1919, of the Victoria General Hospital, Halifax, consists of the following: Miss Rita Macdonald, Miss Jessie M. Chisholm, Miss Teresa Lissan, Miss Anna Gilfour and Mr. Melvin J. MacNeil.

Miss Jessie M. Chisholm and Miss Reta Macdonald are remaining on the V. G. Hospital staff as head nurses in charge of wards.

Matron Katherine M. Latchkey, No. 3 Canadian General Hospital, France, will arrive on the "Aquitania." Matron M. Latchkey has been appointed principal matron of Military District No. 6. She is a member of the N.S.G.N.A., and will be warmly welcomed home.

Recent arrivals from overseas are Nursing Sister Alice Johnston, of Dalhousie Unit No. 7, and Nursing Sister Ada Benvie, of Halifax, both members of the Association.

The "Northland," which docked yesterday, had sixty returning nursing sisters from overseas, under the charge of Sister Dalmage. They are all bound for different parts of the Dominion.

Bill for Registration.—After three "readings" before the Provincial Legislative Assembly, an amendment to the constitution of the Graduate Nurses' Association was referred to a committee, and, on the vote of Dr. Reid, M.P.P. for Hants County, was defeated. This amendment made provision for the legal registration of nurses graduated from local hospitals of not less than 30 beds, and of approved educational standards. The Bill was discussed with great animation, several members regretting that this amendment was not passed as presented by the Leader of the Opposition, Mr. McInnis, K.C. Dr. Reid, however, argued that such legislation would be a hardship to the smaller training schools of Nova Scotia.

At a largely-attended meeting of the Association, cordial votes of thanks were accorded to Miss Pickles (convener) and the Registration Committee, and a very sincere vote of thanks to Mr. MacQueen for his valuable services and generous assistance in connection with the Bill.

A very pleasant re-union of graduates of St. Joseph's Hospital, Glace Bay, took place recently at the home of Mr. Fred. Armstrong, when his sister, Miss Armstrong, entertained the following old friends: Nursing Sister A. B. Macdonald, Nursing Sister Macdougald, Nursing Sister E. Elliott, Nursing Sister M. B. McNeil and Nursing Sister A. Macdonald, all recently returned from overseas.

Mrs. Aldridge, a V.A.D., of England, gave a very interesting talk on her work for the last three years in a Canadian hospital in Serbia under the charge of Dr. Burnham, of Winnipeg. She is touring Canada to procure funds in order to carry on the work. Dr. Burnham has two nurses from Winnipeg assisting him, and no one should lose the opportunity of hearing Mrs. Aldridge.

Miss Campbell, who lately resigned from Cogswell Street Military Hospital, has gone to Baddeck to spend the summer.

Nursing Sister Lynch has returned from overseas, and is on duty at Camp Hill Military Hospital.

* * * *

NEW BRUNSWICK

The St. John Chapter of the Graduate Nurses' Association was enriched by $175.00 as a result of a tea, with candy and home-cooking sale, on April 29th, 1919.

Miss Emma Bell resigned from the office of recording secretary of the St. John Chapter, and Miss Fraser has been appointed in her stead.

On May 13th a shower was given for Miss Bell, who is to be married in the near future.

The provincial examinations were held recently for the registration of nurses.

* * * *

QUEBEC

Quebec City

The following nurses form the 1919 class of the Jeffery Hale's Hospital, Quebec: Misses Mabel White, Quebec; Doris Charters, Fredericton, N.B.; Stella Longmore, Leeds Village; Muriel Fischer, Quebec; Katherine Ford, Portneuf, P.Q.

We are glad to welcome back Nursing Sisters Savard, Stevenson, Mayhew, Bradley, E. Ford, Bain and Corrigan, who have all returned lately from overseas.

Mrs. Doctor Raphael, class J.H.H. 1912, has returned with her family to Ottawa to join her husband, who has recently returned.

Miss Sarah Jamieson, class 1917, J.H.H., who has been ill so long with typhoid fever at the Jeffery Hale's Hospital, was well enough to return home last month.

Nursing Sister D. Ford, class '18, who was also seriously ill, has been able to leave the hospital.

Miss Una Gale, class '12, who has been visiting in East Orange, N.J., has returned to town.

Miss L. Caron has accepted a position at the Shawnigan Hospital, Shawnigan, P.Q.

* * * *

ONTARIO

Hamilton

The nurses of the H.C.H. Alumnæ gave a dance for their friends on May 7th. A most enjoyable time was spent.

The following H.C.H. graduates have returned from overseas duty: Misses Annie Boyd, Ada Walker, Mabel H. Taylor, Jessie G. Duncan, Ethel M. Beer.

Chatham

Miss Ursula Walsh, of Detroit, graduate of St. Joseph's Hospital, attended the graduation of the 1919 class of St. Joseph's Hospital, Chatham, as well as Misses Hoy and Zavity, of Port Thomas.

Miss Winifred Shildgren, school nurse, Highland Park, Michigan, spent her holidays with her parents at Chatham.

The graduation of the 1919 class of St. Joseph's Hospital, Chatham, took place April 30th at St. Joseph's Hall, with Mr. J. A. McNevin as chairman. The validictory was given by Miss Coveny. The presentation of medals and diplomas was made by Rev. Father Prosper, O.F.M. Addresses were delivered by Rev. (Major) E. B. Doe, of Ridgetown, and Dr. R. D. Bray, Chatham. After the ceremony, refreshments were served by the Ladies' Altar Society of St. Joseph's Church. The following graduated that day: Misses Frances Hargitt, Gertrude Smythe, Marie Coveny, Isabel Doyle, Ida Boyer, Beatrice Pearsons, Mollie Kelly and Olive Cooper.

* * * *

MANITOBA

Brandon

The annual meeting of the Brandon Association of Graduate Nurses was held Tuesday, May 6th. The Association gave a dinner, at Aagard's restaurant, and invited all the graduate nurses, 20 of whom were able to be present. The tables were decorated with carnations, and pretty place-cards were ready for the guests. After the dinner, the business meeting took place. The report of the secretary-treasurer showed much that was encouraging. Ten lectures and bedside-nursing demonstrations had been given by the nurses to the public at the Col-

legiate Auditorium; and the Brandon doctors had helped by lecturing at these classes, which numbered 150 members.

Miss McLeod gave a short address on the subjects discussed at the Winnipeg conference.

The Association went on record as approving the training of attendants, providing that they underwent a thorough and practical examination on the subjects in which they have received training, and, after obtaining their certificates, remain under some authorized supervision.

After the election of officers, the meeting adjourned.

Officers for 1919: Hon. president, Miss Birtles; president, Miss Margaret Gemmill; vice-president, Miss C. McLeod; secretary-treasurer, Miss Pike; convener of social committee, Miss Kidd; convener of registrar, Miss McLeod; press representative, Miss Hutten.

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ALBERTA

Thirteen nurses from the Royal Alexandra Hospital, Edmonton, lately received their diplomas at the graduation exercises held in Convocation Hall, University of Alberta. One of the largest gatherings for this function attended and enjoyed the programme, which included speeches from His Honor Lieut.-Governor Brett, Mayor Clarke and Dr. J. D. Harrison. The presentations of diplomas and pins were made by John A. McDougall and Miss McMillan. The following are the names of the graduation class: Misses Sarah C. McCrimmon, Gertrude Helen Hall, Annie Libbey, Sarah E. George, Annie G. Reed, Marion J. Brown, Amy E. Lord, Mary Fauler, Flora Alice Keith, Janet B. Scott, Rosella Smith, Margaret S. Fraser, Christina McLeod. The Hospital Board presented two medals for general proficiency: one, of gold, was obtained by Miss Janet Scott, and the second, a silver one, was taken by Miss Gertrude Hall. The McDougall prize for Medicine, Cooper prize for Obstetrics, Miss Margaret Fraser; Allen prize for Surgery. Miss Amy McLeod; the Provincial G.N.A. prize for general work and ethical demonstrations, won by Miss Gertrude Hall; the prize presented by the Women's Aid of the hospital was obtained by Miss Nellie George, for household economics; and Miss Jennie B. Scott that for proficiency in children's diseases, donated by H. Milton Martin. After the presentation, dancing was indulged in for the rest of the evening.

CALGARY

A resolution from the Calgary Graduate Nurses' Association, that only registered nurses should be employed in public institutions, was endorsed at a recent meeting of the Local Council of Women in Calgary. The resolution was included in a letter from the Association, urging that no nurse be employed by the City Council, or any other local association, unless she be a registered graduate nurse, preference to be given to registered nurses returned from overseas.

BRITISH COLUMBIA.

A genuine haven of rest for nursing sisters, waiting demobilization in Victoria, has been made possible by the loan of their beautifully-furnished house by Colonel E. C. and Mrs. Hart. This home, in the heart of the city, is most pleasantly arranged and is in charge of Nursing Sister Hardie, with Mrs. Harold Fleming and Mrs. Bradshaw representing the Red Cross in the household management. The sisters are limited to three days' residence, in order to prevent congestion, as space is limited. With the exception of the bedrooms, the house will be open to all nurses, who care to pay membership fee, where they may write, read or have meals. It was formally opened by Major-General Leckie, C.M.G., G.O.C., and a large number of interested visitors were present and expressed their admiration for the home-like quarters the nurses had.

The regular monthly meeting of the G.N.A., of Victoria, was held at the Jubilee Hospital, with the vice-president, Miss Grimmer, in the chair. The president, Miss Lumsden, having been called to Toronto, Miss Alice Williams, a returned nursing sister, was elected in her place. Miss Emily O'Brien was appointed registrar of the newly-formed Christina M. Campbell Registry, so named in memory of the loss of Nurse Campbell, who was drowned when the "Llandovery Castle" was torpedoed. After the close of the business meeting, a social was held to welcome the returned sisters, many of whom were present.

Invitations were issued by the Sisters of Charity, St. Paul's Hospital, Vancouver, for the graduation on May 23rd of the 1919 class. The following nurses received their diplomas: Misses May Doherty, Jennie Campion, Enid Howell, Isabel L. Constable, Olive Till, Jean Galbraith, Mabel Dutton, E. Annie Jackson, Marjorie Gillies, Irene McIntyre, Ida Wharton and Isabel Anderson. The class color was gold and blue; and the motto, "In Providence we trust."

Miss Frances Kipp, graduate (1919) of the Vancouver General Hospital, will leave shortly for White Horse, Yukon, to assume the position of superintendent of the White Horse Hospital.

Friends in British Columbia will be grieved to learn of the death, at No. 14 Stationary Hospital, Wimereaux, France, of meningitis, of Nursing Sister Jessie Nelson King. She was born at Moodyville, and was the eldest daughter of the late Alfred Codrington King and granddaughter of the late Capt. J. N. King, R.N.

The graduation of the 1919 class of the Royal Columbian Hospital took place May 29th at the hospital. The following nurses received their diplomas and pins: Misses Audrey Lewis, Laura Hailey, Lillian Whitehead, Leila Grier, Nettie Cope, Flora Horier, Lillian Duncan, Olga Cavalsky, Leslie Grant and Myrtle Walker. The diplomas and badges were presented by Mrs. Alison. The president, Mayor Gray, was in the chair. The Graduate Nurses' Association arranged a dance for them at the hospital on Tuesday, May 27th, and the Municipal Chapter of the I.O.D.E. gave them a motor drive and tea at the Coun-

try Club, while Mr. and Mrs. T. H. Smith entertained them at their house at Crescent Beach.

The graduation exercises of the Vancouver General Hospital took place May 16th, for the class of 1919, in the Auditorium of the University of B. C. The chairman, Mr. H. Devine, presided, and the function was opened with prayer by Rev. (Major) C. C. Owen. The address to the class was given by the Right Rev. Bishop A. U. de Pencier, and the validictory by Miss Grace Watson. Mrs. B. T. Rogers and Mrs. R. Chas. Stoddard then presented the diplomas and hospital pins. Dr. R. E. McKechnie, Chancellor of the University, presented the following prizes: R. E. McKechnie Medal for General Proficiency, Miss R. Mitchell; Seldon Medal for highest standing in Surgery, Miss H. Pierce; Allison Cumming Medal for highest standing in Medicine, Miss A. Bethune; Riggs-Munro Scholarship for Surgery, Miss P. Griffin; Thompson-Champion Scholarship for Surgery, Miss I. Eaman; Coverton Scholarship for Pediatrics, Miss F. Shindler; Glen Campbell prize for best examination in diseases of the eye, Miss B. Hall; Carder prize for Pediatrics, Miss D. Jack McKee; first prize for Obstetrics, Miss B. Ellis-McKee; second prize for Obstetrics, Miss B. Cassidy. Many friends of the nurses were present, and, after taking the Florence Nightingale pledge, followed by the benediction by Rev. (Major) Owen, there was held a reception, followed by an informal dance.

1919 Graduating Class

Katherine McRae, Mary Pauline Hughes, Kathryn Irene Eaman, Blanche Margaret Babbit, Margaret Patricia Lawler, Helen Drysdale Lumsden, Anne Norma Beattie, Florence Marie Shindler, Elizabeth Jane Thompson, Ida May Snelgrove, Lillian May Weir, Anna Frances Kipp, Isabella Stewart Gibson, Allena Beatrice Croll, Hilma Eva Dagmar Price, Phyllis Agnes Griffin, Ruth Alberta Mitchell, Dorothy Lee Webster, Ida Veolette Rolston, Mary Constance Elizabeth Stevenson, Martha Grace Watson, Leota E. Brown, Dorothy Margaret Taylor, Irene Ann Brown, Ethel James, Edith May Blair, June Frances Menzies, Edna Mabel Brown, Dorothy Margaret Jack, Rae Shaw, Constance Susan Milne, Isabel Gertrude McVicar, Hazel Margaret Hamilton, Mary Elizabeth Cassady, Helen Kathleen Davis, Florence Beatrice Hall, Vera Maude Giberson, Anna Elizabeth Gunn, Marguerite Pearl Summers, Marjorie Winnifred Rae, Elizabeth Elsie Wilson, Bernice Ellis, Gladys Marion Cherry, Isabel Caroline Keith, Alexanderina Bethune. Affiliated students—Margaret Duncan, Hazel Minerva Callender.

The returned Army sisters and some of the V.A.D. workers who have been overseas were entertained at lunch by the Canadian Club on May 20th at the Vancouver Hotel. Over 500 women were present, and listened to a most inspiring address by the president, Mrs. S. D. Scott. Mrs. R. E. Boyle, provincial regent of the I.O.D.E.; Mrs. Ralph Smith, M.L.A.; Mrs. A. U. de Pencier, president of the Local Council of

Women, and Mrs. Johnston, vice-president of the Graduate Nurses' Association, welcomed the nurses who had done such splendid work. Miss Burpee, who was the first nurse to go overseas from this province; Miss Edith Southcott, V.A.D.; Miss Grace McPherson, ambulance-driver, V.A.D., and Mrs. James Hastings, who for four years worked in the Intelligence Department of the War Office, replied in a most interesting manner.

The Graduate Nurses' Association of British Columbia has, after long desiring a home for returned sisters, at last been able to obtain a most suitable residence at 2847 Spruce Street, Vancouver, B.C., for that purpose. It is a most comfortable house, and is planned in every way to make the nurses feel at home. Spacious reception-rooms with fire-places, small tables in the cosy dining-room, and delightfully large bed-rooms, with a central location, close to three street-car lines, make it most desirable. A special reception-room is arranged, for any teas, lectures or social functions, that the local nurses may use at any time.

It is with a great deal of regret that the sudden illness of Mrs. M. E. Johnstone, and the operation for acute appendicitis, is reported. Mrs. Johnstone has been till recently president of the V.G.N.A., and is vice-president of the Provincial Association. Her condition is reported favorable.

The University of British Columbia, at its last meeting of the Senate, decided to start a course for nurses. This is to include three years in an accredited hospital training school, two years in the Arts course, giving a degree at the end of five years' work. All applicants will be required to have their matriculation.

* * * *

BIRTHS

HUNTER—At Fort Saskatchewan, Alberta, May 3rd, 1919, to Mr. and Mrs. Robert Hunter (Miss Trousdale, Royal Victoria Hospital, Montreal), a son, Robert Bruce.

TILSON—At Vancouver, B.C., May 6th, 1919, to Mr. and Mrs. C. W. Tilson, a son. Mrs. Tilson (Miss Edstrom) is a graduate of the Vancouver General Hospital.

Nathan Littauer Hospital School of Nursing

NATHAN LITTAUER HOSPITAL SCHOOL OF NURSING (Registered) offers a complete general course of three years, with last six months given for specializing in any branch of the work chosen by the student.

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Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone: Columbus 7780 7781.

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offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid, together with board, lodging and laundry. Application to be made to Miss G. M. Dwyer, R.N., Supervisor of Nurses, 149 East 67th St., New York City.

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Strong minds, great hearts, true faith and ready hands;
Men whom the lust of office does not kill;
Men whom the spoils of office cannot buy;
Men who possess opinions and a will;
Men who have honor; men who will not lie;

Men who can stand before a demagogue
And damn his treacherous flatteries without winking;
Good men, sun crowned, who live above the fog
In public duty and in private thinking.
For while the rabble with their thumbworn creeds,
Their large professions and their little deeds,
Mingle in selfish strife, lo! Freedom weeps,
Wrong rules the land, and waiting Justice sleeps.

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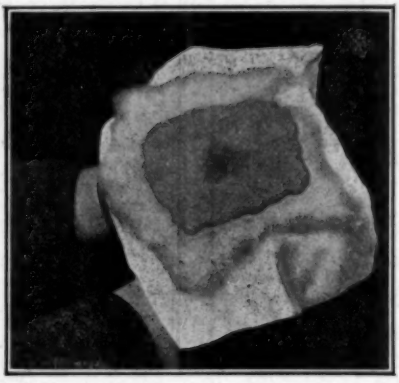

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